



2686

This Form Based on PTO/SB/21

|   |                        |                      |
|---|------------------------|----------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number     | 09/408,808           |
|   | Filing Date            | 9/29/1999            |
|   | First Named Inventor   | WRIGHT <i>a/plew</i> |
|   | Group Art Unit         | 2686 <i>480</i>      |
|   | Examiner Name          | LEI                  |
|   | Attorney Docket Number | 22-0074 / 20T-032    |

| ENCLOSURES (check all that apply)   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                                   |
| <input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><input type="checkbox"/> To Convert a Provisional Application | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request  | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address   | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):   |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Terminal Disclaimer   | Statement under 37 CFR 3.73(b)   |
| <input type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> Small Entity Statement  |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input type="checkbox"/> Request of Refund   |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application   | Remarks  |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53  |  |  |

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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | David G. Posz (Reg. No. 37,701)<br>Posz & Bethards, PLC |
| Signature                                  | <i>David G. Posz</i>                                    |
| Date                                       | March 25, 2004  |

**REVOCACTION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY**

|                        |                   |
|------------------------|-------------------|
| Application Number     | 09/408,808        |
| Filing Date            | 9/29/1999         |
| First Named Inventor   | WRIGHT            |
| Art Unit               | 2686              |
| Examiner Name          | LEI               |
| Attorney Docket Number | 22-0074 / 20T-032 |

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners at Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

**SIGNATURE of Applicant or Assignee of Record**

Name

Connie N. Thousand, Patent Counsel, Northrop Grumman Corporation

Signature

*Connie N. Thousand*

Date

3-9-04

Telephone

310-813-1550

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

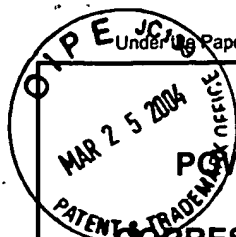
This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

|                      |   |
|----------------------|---|
| Application Number   | 09/408,808  |
| Filing Date          | 9/29/1999   |
| First Named Inventor | WRIGHT  |
| Title                | VIRTUAL PATH ASYNCHRONOUS<br>TRANSFER MODE SWITCHING IN A |
| Art Unit             | 2686  |
| Examiner Name        | LEI   |
| Attorney Dkt Number  | 22-0074 / 20T-032   |

I hereby appoint:

☒ Practitioners at Customer Number:**23400**

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name**RECEIVED****MAR 26 2004****Technology Center 2600**

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

**Connie N. Thousand, Patent Counsel, Northrop Grumman Corporation**

Signature

*Connie N. Thousand*

Date

**3-9-04**

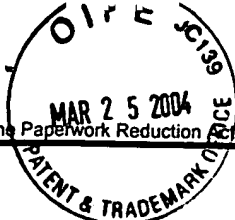
Telephone

**310-813-1550**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**STATEMENT UNDER 37 CFR 3.73(b)**

22-0074 / 20T-032

Applicant/Patent Owner: **Northrop Grumman Corporation**Application No./Patent No. **09/408,808** Filed/Issue Date: **9/29/1999**Entitled: **VIRTUAL PATH ASYNCHRONOUS TRANSFER MODE SWITCHING IN A PROCESSING SATELLITE COMMUNICATIONS SYSTEM****Northrop Grumman Corporation**, a  
(Name of Assignee)**Corporation**,  
(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.

The extent (by, percentage) of its ownership interest is \_\_\_\_\_ %  
in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Inventor(s) of the above patent application To: TRW Inc.  
The document was recorded in the United States Patent and Trademark Office at Reel 010451, Frame 0876, or for which a copy thereof is attached.
2. From: TRW Inc. To: Northrop Grumman Corporation  
The document was recorded in the United States Patent and Trademark Office at Reel 013751, Frame 0849, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

- ☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.  
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) if authorized to act on behalf of the assignee.

3-9-04

Date

310-813-1550

Telephone Number

**Connie N. Thousand**

Typed or printed name

Signature

**Patent Counsel, Northrop Grumman Corporation**

Title

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